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Karla Mays

Faxed: April 7, 2004  
Applicant: Mark A. Heldreth  
Invention: METHOD AND APPARATUS FOR CONTROLLING A SURGICAL BURR  
IN THE PERFORMANCE OF AN ORTHOPAEDIC PROCEDURE  
Serial No.: 10/669,958  
Filed: September 24, 2003  
Docket: 265280-73424

- ☒ Amendment Transmittal Letter (Large Entity)  
☒ Preliminary Amendment

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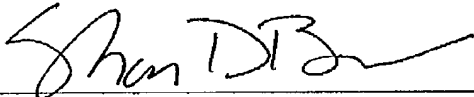
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Route to: Karla Mays

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>265280-73424</b>	
Applicant(s): <b>Mark A. Heldreth</b>					
Serial No. <b>10/669,958</b>	Filing Date <b>September 24, 2003</b>	Examiner <b>J. Davis</b>	Group Art Unit <b>3732</b>		
Invention: <b>METHOD AND APPARATUS FOR CONTROLLING A SURGICAL BURR IN THE PERFORMANCE OF AN ORTHOPAEDIC PROCEDURE</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30 -	25 =	5 x	\$18.00	\$90.00
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$90.00</b>
<div style="margin-top: 20px;"><input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>10-0435</b> in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>10-0435</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div> <div style="margin-top: 20px; text-align: center;"> _____ Signature</div> <div style="margin-top: 10px; text-align: right;">Dated: <b>4/7/04</b></div> <div style="margin-top: 20px;">Shawn D. Bauer, Esq. BARNES &amp; THORNBURG 11 S. Meridian Street Indianapolis, IN 46204 (317) 231-7313  Attorney Reg. No. 41,603</div>					
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